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| APPLICANTS | | | | | | |
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| | ATA *********************************** | | ENTITY ** | · | · | |
| Foreign Priority claimed | yes no | STATE OR | SHEETS | TOTAL | INDEPENDENT | |
| 35 USC 119 (a-d) conditi met Verified and Acknowledged | Allowance | fter COUNTRY | DRAWING 2 | CLAIMS 30 | CLAIMS 4 | |
| ADDRESS Vasilios D. Dossas Niro, Scavone, Hal 181 West Madison Chicago , IL 60602 | ler & Niro | · | | | | |
| TITLE Pocket flashlight a | oparatus | | | | | |
| FILING FEE FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No for following: 583 | | | | All Fees 1.16 Fees (Filing) 1.17 Fees (Processing Ext. of time) 1.18 Fees (Issue) | | |